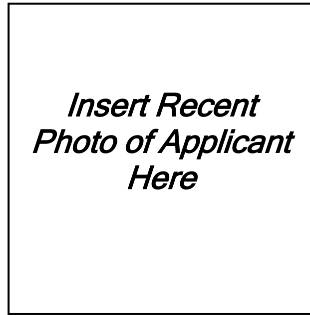
KPCOM GME Fellowship Application

Dr. Kiran C. Patel College of Osteopathic Medicine
NOVA SOUTHEASTERN UNIVERSITY
NSU Florida



ACADEMIC YEAR TO BEGIN FELLOWSHIP

- ☐ 2023-24
- ☐ 2024-25
- ☐ 2025-26

PERSONAL DATA:

Last Name	First Name	Middle Initial	
Present Address			
City	State	Zip Code	Country
( ) Home Phone	( ) Work Phone	( ) Cell Phone	
Email Address			

Citizen of U.S. ☐ Yes ☐ No Social Security Number ______________

EDUCATION:

College or University	City/State	Dates	Degree
College or University	City/State	Dates	Degree
College or University	City/State	Dates	Degree
Advanced Degree School	City/State	Dates	Degree
Advanced Degree School	City/State	Dates	Degree
Medical School	City/State	Dates	Degree (MD/DO)

GRADUATE MEDICAL EDUCATION:

PGY-I	HOSPITAL	CITY: ______ STATE: ______	DATES (INCLUSIVE)	TYPE
RESIDENCY	**HOSPITAL**	**CITY:** ______ **STATE:** ______	**DATES** (INCLUSIVE)	**TYPE**

RESIDENCY	HOSPITAL	CITY: ____________________ STATE: ____________________	DATES (INCLUSIVE)	TYPE

US MEDICAL LICENSE EXAMINERS (copy of original required):
** Include all scores whether passing or non-passing.
** Submit FLEX, NBME or COMLEX scores, if applicable.

I- date	II-date	III-date

PREVIOUS PRACTICE EXPERIENCE:

PREVIOUS ROTATION IN AREA OF FELLOWSHIP (Dates, Type, Location, Instructor):

OTHER PREVIOUS EXPERIENCE IN AREA OF FELLOWSHIP
(If Sports Medicine include: Games, Events, Training Room, Other):

PREVIOUS COCNFERENCES ATTENDED IN AREA OF FELLOWSHIP:

Attended:
Presented: *PLEASE INCLUDE A COPY OF THE PROGRAM OF ANY LISTED PRESENTATION*

PUBLICATIONS (author, title, publication, date – use additional sheets if necessary): *PLEASE INCLUDE A COPY OF THE TITLE PAGE OF ANY LISTED PUBLICATION.*

ADDITIONAL PERSONAL DATA:

1. Work Experience Prior to Medical Training (Occupation/Title, Dates):

2. Military Status (U.S.A.) (Present Status and Service):

a. Do you hold a reserve Commission? ☐ Yes ☐ No

To begin: ______ for ______ on ______

Branch:

Rank:

b. Have you served in the military or USPHS? ☐ Yes ☐ No

Have you attended summer training camp? ☐ Yes ☐ No

c. Are you required to attend reserve meetings? ☐ Yes ☐ No

Are you required to attend summer training camp? ☐ Yes ☐ No

d. Do you have a military or USPHS Commitment? ☐ Yes ☐ No

To begin: ______ for ______ on ______

3. Are you certified by the E.C.F.M.G.? ☐ Yes ☐ No

Which qualifying exam taken? ______

a. Dates passed: ______

b. Scores Part I: ______ Part II: ______

c. Certificate Number: ______

d. Certificate valid through what date: ______

4. If not a U.S. Citizen, will you enter or remain in the U.S. on:

a. Exchange Visitor Visa: ______

b. Permanent Visa Number: ______

c. How many years may you remain in the U.S.A.? ______

5. Conferences Attended or Presented (other than in area of fellowship):

6. Honors and Awards:

7. Have you ever been placed on probation, suspended from your job duties, residency, training program, had privileges revoked, or been part of a malpractice complaint? □

☐ Yes ☐ No If YES, please explain below.

8. Are you aware of any limitation which would prevent you from performing the duties of the fellowship for which you are applying?

9. Personal Statement: (please do not exceed 750 words)

10. References and Supporting Documents:

***Please ask three physicians who have supervised you in a clinical setting to send letters in support of your application.**

***Copies of the following documents are requested: medical school diploma, certificate or other validation of all previous training, copy of present state medical licenses, and curriculum vitae.**

*Please note that individual fellowships may require additional information such as letter of commendation from medical school dean, undergraduate and medical school transcripts, and rotations taken during residency. *Contact the individual fellowships you are applying to for further application requirements and deadlines.*

DO NOT SEND ORIGINAL DOCUMENTS. NO DOCUMENTS WILL BE RETURNED.

PHOTOCOPIES OF THIS APPLICATION WILL BE ACCEPTED. HOWEVER THE SIGNATURE ON EACH HARD COPY APPLICATION MUST BE ORIGINAL

I certify that the information given or attached is true, accurate and complete. Be advised, any inaccuracies within this application could disqualify your candidacy.

Signature: ____________________ Date: ____________________

(Signature must be original on hard copies)

☐ Check here to verify electronic signature

PLEASE SEND ALL APPLICATIONS AND SUPPORTING DOCUMENTS TO THE NSU-KPCOM OFFICE OF GRADUATE MEDICAL EDUCATION AT:

Nova Southeastern University - Dr. Kiran C. Patel College of Osteopathic Medicine
Tampa Bay Regional Campus
3400 Gulf to Bay Blvd.
Attn: Dr. Les Ross, Assistant Dean of GME
Clearwater, FL 33759
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